



Attestation Form for Facilities Enrolling with Health First Colorado

All **Residential Child Care Facilities** (RCCFs) and **Qualified Residential Treatment Programs** (QRTPs) that plan to enroll with Health First Colorado are required to submit a signed attestation form with a Health First Colorado Enrollment Application.

Note: Psychiatric Residential Treatment Facilities (PRTFs) do not need to complete this form.

1. Facilities will complete this form and submit to the Division of Child Welfare (DCW) Provider Services Unit (PSU) with application for License/Certification as a RCCF/QRTP if planning to enroll with Health First Colorado.
2. The DCW/PSU staff will validate the answers on the form during the application process and sign the form. The form will be returned to the facility with a staff signature. Colorado Department of Human Services (CDHS) will retain a copy.
3. The facility will submit this signed attestation form with a Health First Colorado Enrollment Application.

The facility is solely responsible for all information and any misrepresentation of fact on this form.

This form must be updated prior to any change in the structure or operation of this facility that may affect the provider's eligibility.

Failure to report these changes may result in recoupment of payment and/or termination of the provider participation agreement with the Department of Health Care Policy and Financing.

Provider Request

Facility Name: _____

Facility Address: _____

National Provider Identifier (NPI): _____

CDHS License #: _____





Note: The "N/A" (Not Applicable) box should only be used when instructed to skip a question.

Yes No N/A

1. Is a PTRF at the same address or on an adjoining property with this facility?

If no, skip to Question #2.

1a. Is this facility licensed by the Office of Behavioral Health (OBH) to provide Substance Use Disorder (SUD) services? **If yes, stop.**

2. Is this facility controlled by the same owner/governing body that owns/ operates another overnight facility farther than 1 mile and less than 10 miles by road? **If no, skip to Question #3.**

2a. Does this facility maintain its own license?

2b. Does this facility have dedicated staff that ensures a stable milieu?

2c. Are residents allowed to move between this facility and another during their episode of care?

3. Is this facility at the same address or on adjoining properties with other overnight facilities controlled by the same owner/governing body regardless of program or license type?

If yes, add the total number of beds for all facilities: _____

4. Is this facility in a home-like structure (house, cottage, apartment) more than 750 ft from another overnight facility in a home-like structure controlled by the same owner/governing body **and** not located at the same address or on adjoining properties?

If no, add the total number of beds for all facilities: _____

5. Is the total number of beds 16 or less?

I attest that the answers provided by the facility are complete and accurate to the best of my knowledge.

Signature of Facility Representative/Date: _____

Signature of Licensing Specialist/Date: _____

Revised September 2021

